AMR Nurse Consultants, Inc.
Life Care Plans
Medical Cost Projections
Case Management

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February 22, 2021

Trishanda L. Treadwell, Esq.
United States Attorney's Office, Northern District of Georgia
Richard B. Russell Building
75 Ted Turner Drive, Suite 600
Atlanta, Georgia 30303

Re: Byrd, Tommy (DOB: 5/13/58)
Address: Laurel, Maryland, 20707

Dear Ms. Treadwell,

As requested, the following records were reviewed and opinions regarding future care needs, as it relates to the delay in diagnosis of the cerebrovascular accident sustained by Tommy Byrd in 2016, are demonstrated.

- Atlanta VA Medical Center, records
- Baltimore VA Medical Center, records
- DeKalb Community Service Board, records
- AllSpine Surgery Center, records
- Open MRI & CT Specialists, records
- Shahram Rezaiamiri, M.D., records
- Anesthesia Consultants of Georgia, records
- The Allergy & Asthma Center, records
- Atlanta Gastroenterology, records
- United Pharmacy Services, records
- State of Georgia, records
- The Georgia Collaborative ASO, records
- PruittHealth - Brookhaven, records
- COMS Nursing Observations, records
- Chart Rite, records
- Clinical Laboratory Services, records
- Georgia Department of Medical Assistance, records
- Craig Jabaley, M.D., deposition transcript
- Manuel Yepes, M.D., deposition transcript
- Margaret Goracy, M.D., deposition transcript
- Wendy L. Wright, M.D., report
- Miscellaneous billing
- Complaint

Record Review

On 2/11/11, Mr. Byrd presented to the Baltimore VAMC for management of worsening neck pain.

On 3/5/11, Mr. Byrd was planning to transfer his care from Georgia to Baltimore. On 3/11/11, Mr. Byrd presented to the Baltimore VAMC emergency department for management of an abscess on the back of his neck. On 3/12/11, Mr. Byrd presented to the Baltimore VAMC for management of pain in his neck and shoulders. Past medical history included a fall in 1989 and subsequent laminectomy for management of residual pain. Mr. Byrd complained that pain limited his activities. Additional complaints included tingling in his fingers. Impression included chronic right shoulder pain and depression. On 3/25/11, Mr. Byrd presented to the Baltimore VAMC for medication management of skin conditions and chronic right shoulder pain. Mr. Byrd reported constant pain, despite three prior neck surgeries. Mr. Byrd complained of numbness in his right hand for the past twenty years. Assessment included chronic right shoulder pain.

On 6/8/11, Mr. Byrd presented to the Baltimore VAMC for a mental health consultation. Mr. Byrd reported, "I have manic depression and I would like to feel better." Complaints included mood swings, racing thoughts, and violent tendencies, as well as poor concentration, difficulty focusing, and "self-diagnosed ADHD." Mr. Byrd complained of difficulty following through with tasks. Mr. Byrd reported using marijuana daily, to feel calm and less reactive.

On 6/12/11, Mr. Byrd presented to the Baltimore VAMC for management of chronic right shoulder pain and acute neck pain. On 12/11/11, Mr. Byrd presented to the Baltimore VAMC emergency department with complaints of chronic back pain and a request for stronger pain medication.

On 1/19/12, a Mental Health Homeless Program Intake Note from the Atlanta VAMC indicated that Mr. Byrd had been homeless since 2003. Mr. Byrd was currently living at the Salvation Army.

On 5/15/12, Mr. Byrd presented to the VAMC for management of neck and shoulder blade pain with associated numbness in the right fingers. Mr. Byrd was independent with ambulation and activities of daily living. He lived alone and was not working. Impression included post-cervical surgery syndrome. Facet injections were administered on 5/18/12 and 6/28/12. On 10/29/12, Mr. Byrd presented to the Atlanta VAMC for management of back pain radiating to the legs and neck pain radiating to the shoulders. Dr. Le noted that Mr. Byrd had a history of chronic neck and shoulder pain. Mr. Byrd reported a new fall since his last visit. Dr. Le opined that Mr. Byrd's current conditions contributed to his fall. On 12/18/12, Mr. Byrd presented to the Atlanta VAMC for management of radiating low back pain. Impression included post-cervical laminectomy syndrome, low back pain with episodes of right posterior leg pain, moderate spondylosis at L2 - 3, and early spondylosis at L3 - 4. On 1/23/13, Mr. Byrd underwent a right C7 - T1 transforaminal epidural steroid injection. In March 2013, injections were attempted but aborted secondary to severe pain. Injections were administered in May and November 2013.

On 11/21/13, Mr. Byrd presented to the Atlanta VAMC with complaints of pain in the lower back, legs, and shoulder. Surgery was advised, and, on 4/7/14, Mr. Byrd underwent lumbar fusion. Preoperative and postoperative diagnoses included lumbar radiculopathy, lumbar spondylosis, and intractable low back pain.

On 3/2/15, Mr. Byrd presented to the Atlanta VAMC for complaints of worsening pain following a motor vehicle accident that occurred three days prior. Assessment was neck strain. On 12/11/15, Mr. Byrd presented to VAMC for a refill of diclofenac. Listed problems included neck pain, hypertension, depression, and hyperlipidemia.

On 6/6/16, a clinical report from DeKalb Community Service Board indicated diagnoses of bipolar disorder and chronic pain.

Record Review, continued

On 6/29/16, social worker Karen Hanson, M.S.W., Atlanta VAMC, prepared a mental health interdisciplinary treatment plan indicating that Mr. Byrd was homeless, with lack of stable and affordable housing. On 8/8/16, Mr. Byrd presented to Akinkuoto Angosisye, L.C.S.W., DeKalb Community Service Board, for outpatient psychotherapy. Chronic pain and migraines reportedly contributed to symptoms of depression, and Mr. Byrd complained of difficulty sleeping. Individual outpatient psychotherapy was administered for management of depression, from 9/19/13 to 11/1/16, at the DeKalb Community Service Board.

On 11/15/16, Mr. Byrd underwent planned lumbar fusion for management of pain. Following the surgery, Mr. Byrd was admitted to the Atlanta VAMC due to agitation and hyperactive delirium. On 11/22/16, occupational therapist Daniel Minkow, O.T., indicated that Mr. Byrd appeared alert and ambulated with modified independence using a rolling walker. Manuel Yepes, M.D., noted that Mr. Byrd was awake, alert, and oriented with no aphasia or dysarthria. He followed commands intermittently and mimicked actions. Assessment was toxic / metabolic encephalopathy likely related to polypharmacy and hospitalization. There were no focal deficits. Subsequently, in the days that followed, Mr. Byrd exhibited confusion. On 11/25/16, MRI of the brain demonstrated a left middle cerebral artery infarct, and the neurologist diagnosed left posterior middle cerebral artery stroke. Physical and occupational therapies were administered. On 11/27/16, Mr. Byrd was unable to detail situation or location and was incoherent. On 11/28/16, Mr. Byrd was observed independently getting into and out of bed, into and out of a chair, and walking in the room without an assistive device. Deborah DiBona, P.T., opined that from a physical therapy standpoint, Mr. Byrd was at an independent functional baseline and no longer needed physical therapy services in any setting. She opined that Mr. Byrd was independent with balance and exhibited a steady gait pattern. Mr. Byrd demonstrated independence with bed mobility, transfers, and balance, and ambulated with a rolling walker and stand-by assist for 575 feet. Ms. DiBona recommended supervision due to new cognitive issues. On 12/19/16, Mr. Byrd was discharged in stable condition. He was transferred to PruittHealthcare Brookhaven / Emory Healthcare for subacute rehabilitation, where he remained through 3/18/17. Mr. Byrd was independent with transfers, repositioning, dressing, grooming, oral hygiene, and diet. The physician documented that Mr. Byrd exhibited impaired decision making / memory deficits and communication deficits related to his cerebrovascular accident. Mr. Byrd was to reside with his son in Baltimore.

On 3/24/17, Mr. Byrd presented to the Baltimore VAMC as a new patient, after transferring his care from Atlanta. Current problems included neck pain, acne, folliculitis, male erectile disorder, health maintenance altercation, benign hypertension, depression, and hyperlipidemia. Mr. Byrd's son reported that the mental health medications, which were prescribed for his father, were initiated following the stroke.

On 3/29/17, Mr. Byrd presented to Emily Mackin, M.S.N., NP-C, Baltimore VAMC, to request speech therapy due to difficulty with comprehension and aphasia. Additionally, Mr. Byrd complained of low back pain with radiation to the lower extremities. A refill of Percocet was requested. Nurse practitioner Mackin documented, "He is independent in his ADLs." On 4/12/17, Mr. Byrd presented to Bonnie Pike, M.S., CCC-SLP, Baltimore VAMC, for a speech therapy consultation. Mr. Byrd was noted to be alert and cooperative, but reported, "I have difficulty understanding English." Mr. Byrd and his son reported difficulties with auditory and reading comprehension as well as word retrieval. The plan of care included outpatient aphasia treatment.

On 4/21/17, neurologist Richard Macko, M.D., Baltimore VAMC, documented that Mr. Byrd exhibited expressive aphasia but was able to perform basic activities of daily living. According to Dr. Macko, Mr. Byrd did not have any other deficits, including weakness. Other symptoms included episodes of blank staring and falling, without loss of consciousness. Speech therapy was to continue.

During a speech-pathology therapy session on 5/1/17, Mr. Byrd reported, "My speech is getting better" and "I talk all the time."

Record Review, continued

On 5/4/17, CT of the brain demonstrated chronic posterior left middle cerebral artery territory infarct with no evidence of acute intracranial pathology.

During a speech-pathology therapy session on 5/8/17, Mr. Byrd reported, "I do understand most things."

On 5/11/17, Mr. Byrd was transported to the emergency department at Baltimore VAMC following a fall. Mr. Byrd's son reported that his father had exhibited four episodes of impaired consciousness in the last couple weeks. Mr. Byrd was admitted for further evaluation of syncope. CT angiogram of the head showed previous stroke, with no significant vascular abnormalities. Mr. Byrd was discharged on 5/12/17.

Between 4/12/17 and 5/17/17, Mr. Byrd underwent approximately nine sessions of speech-language therapy at the Baltimore VAMC.

On 5/23/17, Mr. Byrd presented to the Baltimore VAMC for evaluation of confusion and headache. Assessment included altered mental status and ambulatory dysfunction. On 5/24/17, Mr. Byrd presented to the Baltimore VAMC for evaluation of confusion and trouble walking. Episodes of acute confusion were reported. The clinician suspected that polypharmacy attributed to apparent regression of Mr. Byrd's language skills as well as the gait impairment.

On 6/25/17, Mr. Byrd presented to the Baltimore VAMC following a fall, which had been preceded by dizziness. Mr. Byrd reported falling three to four times per week. He did not use an assistive device to ambulate. Mr. Byrd's son was frustrated regarding his father's increasing reliance on him.

On 6/30/17, Mr. Byrd's son informed a social worker that his father had been fainting and falling, on a weekly basis, since living at his home.

On 8/7/17, Mr. Byrd was admitted to the Baltimore VAMC Epilepsy Monitoring Unit for evaluation of epileptic seizures versus syncope. Episodes typically occurred after complaints of dizziness. No convulsions were reported, and Mr. Byrd immediately returned to baseline following the episodes. On 8/11/17, Horea Rus, M.D., opined it was less likely that the syncopal events were due to recurrent stroke. Mr. Byrd was to continue medications for stroke prevention, including aspirin and atorvastatin. An anti-epileptic agent, phenytoin, was prescribed, and Mr. Byrd was advised to follow up with the seizure and stroke clinic in three months.

On 10/15/17, Mr. Byrd presented to the emergency department at the Atlanta VAMC for a request of duloxetine (Cymbalta) and mirtazapine (Remeron). A mental health intake was notable for depression, anxiety, and chronic pain. Mr. Byrd reported worsening depressive symptoms since running out of medications. Other complaints included poor concentration. The clinician documented that Mr. Byrd experienced a cerebrovascular accident in 2016, with residual dysarthria and subsequent falls as well as possible seizures.

On 10/25/17, Mr. Byrd presented to the emergency department at Atlanta VAMC with a request for refills of his mental health medications. Mr. Byrd was described as pleasant, smiling, and joking during the assessment. The clinician noted that Mr. Byrd was at this emergency department two weeks ago and had obtained refills of his medications. Mr. Byrd was staying with family and planned to return to Baltimore in two weeks.

On 11/27/17, Mr. Byrd presented to Koren Purvis, M.D., internal medicine, Baltimore VAMC, with complaints of severe back pain and difficulty functioning at home. Assessment included back pain, seizure / falls, stroke of unclear etiology with residual cognitive impairment in language (Wernicke's aphasia) and memory, and depression. Mr. Byrd was referred for a cane and rolling walker. Mr. Byrd's son inquired about obtaining a TENS unit.

Record Review, continued

On 12/7/17, Mr. Byrd's son reported that his father's falls were occurring less frequently.

On 12/23/18, Mr. Byrd presented to Dr. Purvis with complaints of continued severe back pain. Assessment was unchanged.

On 4/5/18, Mr. Byrd saw Ahmareen Baten, M.D., Baltimore VAMC, for follow-up. Mr. Byrd denied any further episodes of "falling out." Mr. Byrd's son reported that discontinuing Flexeril and melatonin might have helped. Mr. Byrd was otherwise doing well and tolerating Dilantin.

On 6/14/18, Mr. Byrd presented to the Baltimore VAMC emergency department for management of a perineal abscess and abdominal pain. Assessment included possible peptic ulcer disease versus gastritis.

On 8/23/18, Mr. Byrd saw Angela Williams, PA-C, Baltimore VAMC, for management of severe lower back pain. Mr. Byrd was to continue using a heating pad, as needed.

On 10/15/18, Mr. Byrd saw Jinny Kim, M.D., geriatric psychiatrist, Baltimore VAMC, for medical management of depression. Mr. Byrd's son reported that his father had been irritable and exhibited mood swings most of his life. In addition, chronic pain was attributed to a fall in 1988. Dr. Kim documented that Mr. Byrd reported, "I'm doing better than when I first had the stroke years ago." Mr. Byrd reported that his energy, sleep, and appetite were stable. Diagnosis was major depressive disorder.

On 11/5/18, Mr. Byrd saw Dr. Kim and reported, "I'm fine. I'm not crazy." During the session, Mr. Byrd reported, "There's nothing wrong with me…I'm fine…I don't want to come anymore…I'm done." Mr. Byrd left the room early.

On 12/10/18, Mr. Byrd's son advised Dr. Kim that his father was doing "fine." Mr. Byrd's son discussed his desire for his father to move to another home or facility, because he felt like he and his father needed their own space. Mr. Byrd's son reported that he was looking for an apartment for his father.

On 1/7/19, Mr. Byrd presented to Dr. Kim and reported, "I'm doing better." Mr. Byrd had reportedly moved in with his brother, and things had been much better. Mr. Byrd reported that he was feeling better because his function was improving. He reported improved leg and arm movements, more spontaneous speech, increased strength in his voice, and an improved ability to focus. Dr. Kim suggested that Mr. Byrd consider more physical activities or other groups at the VA, volunteering, or participating in church activities.

On 3/21/19, Mr. Byrd saw Elsie Achieng, M.D., epilepsy clinic at the Baltimore VAMC, for follow-up. Mr. Byrd reported that he was doing well and not exhibiting any falling. One episode of falling was witnessed by Mr. Byrd's friend, six months prior, but Mr. Byrd reported that he no longer fell. Dr. Achieng opined that no further testing was necessary.

On 3/26/19, Mr. Byrd advised Dr. Kim that he was doing well and living with his brother. Mr. Byrd typically stayed at home wand watched television. Dr. Kim documented that Mr. Byrd could leave the house and that others would try to take him out. Symptoms of irritability, mood swings, attention deficit hyperactivity syndrome, and depression notably pre-dated the stroke. Recommendations included speech therapy, and Mr. Byrd was advised to stay as active as possible.

On 4/1/19, Alexa Schenk, physical therapy assistant, Baltimore VAMC, trained and fitted Mr. Byrd with a rollator. Mr. Byrd was able to ambulate independently with the device.

On 6/3/19, Mr. Byrd advised the speech therapist at the Baltimore VAMC, "I'm a lot better" with regards to communication.

Record Review, continued

On 6/4/19, Dr. Kim noted that Mr. Byrd was feeling better. Mr. Byrd reported that he could think more clearly, was more aware of his surroundings, was able to understand people, and was able to organize his thoughts better so he could talk more intelligently.

On 6/24/19, Mr. Byrd advised the speech therapist, "Everything is good. I'm speaking a lot better." Mr. Byrd exhibited improved word retrieval, with good use of gestures, and described items to assist with word-finding.

On 7/1/19, the speech therapist noted that Mr. Byrd was able to talk to others in the waiting room but had difficulty understanding them.

On 7/1/19, Mr. Byrd advised Dr. Kim that his thoughts were coming to him better and more quickly. Mr. Byrd reported that he could understand what people were saying better, making him feel more comfortable with himself and others.

On 7/22/19, Mr. Byrd presented to Dorothy Kelly, Au.D., Baltimore VAMC, for an initial audiological evaluation. Diagnosis included bilateral sensorineural hearing loss.

On 8/5/19, the assessment, as per the speech therapist, included fluent aphasia affecting all language modalities, with severely impaired auditory comprehension. Treatment was continued.

On 8/26/19, Mr. Byrd advised the speech therapist, "I'm thinking and talking every day" and "There are times I can't understand." Assessment was unchanged. Treatment was continued.

On 9/9/19, Mr. Byrd advised the speech therapist, "I'm in pain today" and "My mind is a lot better." Assessment was unchanged.

On 9/9/19, Dr. Kim noted that Mr. Byrd was doing well and continued to be getting "better" every day. Assessment was unchanged.

On 9/23/19, the speech therapist documented that Mr. Byrd report, "My mind is so much better. I've been talking a lot." Therapy was to continue.

On 10/2/19, Mr. Byrd presented to the Baltimore VAMC emergency department with complaints of chronic back, neck, and right shoulder pain, which had worsened. Mr. Byrd denied recent injury. Mr. Byrd was able to verbalize his pain status. Karen Hansen, M.D., recommended naproxen and / or Tylenol as needed, cyclobenzaprine as needed, Lidoderm patches, and use of a heating pad.

On 10/7/19, Mr. Byrd again advised the speech therapist that he was "talking better."

On 10/11/19, Mr. Byrd presented to Dr. Purvis with complaints of worsening back pain. Mr. Byrd reported a poor mood and expressed frustration that he was dependent on others. Mr. Byrd was not driving but had family and friends that would assist him.

On 10/16/19, an eye examination, performed at the Baltimore VAMC, demonstrated an homonymous confrontational field defect, dry eyes, mixed cataracts, and refractive error with bilateral presbyopia.

On 11/21/19, Mr. Byrd saw Idal Tchoundjo, C.R.N.P., orthopedics, Baltimore VAMC, for evaluation of back pain. Pain was debilitating and affected his mobility. Mr. Byrd also complained of cervical stiffness and impaired range of motion. He denied issues with dexterity, dropping objects, balance, or gait, and denied bowel / bladder dysfunction. Mr. Byrd used a cane for mobility, due to back pain. Assessment included lumbar radiculopathy, cervicalgia, and cervical radiculopathy. Medications and exercises were advised.

Record Review, continued

On 12/2/19, the speech therapist called Mr. Byrd because he did not attend a scheduled appointment. Mr. Byrd's significant other reported that Mr. Byrd did not attend due to transportation issues.

On 12/9/19, Mr. Byrd presented to Dr. Kim with chief complaint, "I have trouble understanding." Mr. Byrd reported that he was doing "fine" but had trouble understanding what people were saying, which made him feel depressed. Mr. Byrd reported no trouble expressing himself and he was able to tend to his activities of daily living. Mr. Byrd endorsed low mood but denied changes in appetite, motivation, and energy, and denied anxiety. Mr. Byrd was alert and oriented to time, place, and person. Diagnoses included major neurocognitive disorder due to vascular etiology; major depressive disorder; and cannabis use disorder, in remission. Dr. Kim opined that Mr. Byrd was not an acute safety risk to himself or others. Recommendations included psychosocial interventions, such as stroke support groups, and use of mirtazapine and duloxetine.

Between 4/22/19 and 12/9/19, Mr. Byrd underwent approximately twenty-one sessions of speech therapy at the Baltimore VAMC.

On 1/3/2020, Mr. Byrd saw Daniel Gelb, M.D., Baltimore VAMC, for management of back and leg pain. Dr. Gels documented that the past surgery was complicated by a postoperative stroke, resulting in difficulty with verbalization. Dr. Gels opined that Mr. Byrd would probably be a poor candidate for a revision lumbar fusion.

Implications for Future Care

Records demonstrate that Mr. Byrd was diagnosed with a cerebrovascular accident following the November 2016 lumbar spine fusion surgery.

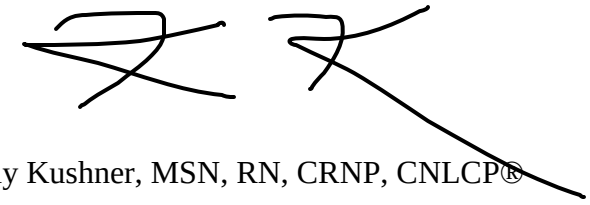
According to Wendy L. Wright, M.D., Neurologist and Neurocritical Care Specialist, Chief of Neurology at Emory University Hospital Midtown, the alleged delay in diagnosing the stroke would not have impacted the outcome. That is, there is no future care specific to the alleged delay in diagnosis. Although Mr. Byrd may require future care as a result of having had a stroke in November 2016, the medical records and testimony from treating physicians all give no indication of any additional future care that may be required specifically attributable to the delay in diagnosis. I also note that the medical records I reviewed indicate that Mr. Byrd had multiple pre-existing physical and mental health concerns that may also necessitate future care but are also not attributable to any delay in diagnosing the November 2016 stroke.

Thus, the Life Care Plan cost projection is $0. If Mr. Byrd identifies particular future care needs and costs as attributable to the alleged medical malpractice by the VA—and not simply attributable to the future care of a person who had a stroke, I will revisit this assessment and cost projection in a supplemental or rebuttal report.

Opinions expressed in this document are held to a reasonable degree of life care planning and nursing certainty. My current curricula vitae is attached as part of this report. I was retained as testifying consultant in life care planning and nursing, and I charged $230 per hour for the review of records and other information and preparation of this written report, and I charge $350 per hour for any deposition or trial testimony, including travel and preparation for testifying.

I reserve the right to amend / supplement this report following receipt of additional records, reports, and / or evaluations.

Sincerely,



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